

## **Recommendations of the Home Visiting Task Force to the Illinois Commission on Equitable Early Childhood Education and Care Funding regarding the Illinois Home Visiting System**

Approved by the Home Visiting Task Force Executive Committee, October 15, 2020

### **I. Overview**

As the designated advisory body for the Maternal Infant and Early Childhood Home Visiting (MIECHV) program, and standing committee of the Early Learning Council, the Home Visiting Task Force (HVTF) represents a unique private-public partnership dedicated to advancing cohesion and sustainability within the statewide home visiting field.<sup>1</sup> As the details of implementation continue to evolve following the presentation of initial conclusions from the Illinois Commission on Equitable Early Childhood Education and Care Funding to the Early Learning Council Executive Committee, the HVTF offers the following recommendations to inform planning for the future state of home visiting. These recommendations were developed through deliberation with the Task Force's Executive Committee and membership, and echo the recommendations for the home visiting system developed and submitted earlier to the Commission by Start Early.<sup>2</sup> Moving forward, the HVTF is committed to supporting the Commission through additional planning, vetting and stakeholder engagement, communication with the field, and implementation of changes to the Illinois home visiting system.

### **II. Utilize a racial equity lens in planning for changes to the ECEC and home visiting**

With an awareness of disparities in child and parent well-being across race and ethnicity, the home visiting system in Illinois is committed to approaching service delivery and systems design through a strengths-based racial equity lens.<sup>3</sup> The HVTF applauds the Commission for the thoughtful inclusion of a Racial Equity Working Group tasked with conducting a real-time racial equity impact assessment of the Commission's recommendations. Across each of the recommendations below, the HVTF would elevate the need for data-driven, anti-racist policies to strengthen equity within the home visiting system statewide. In particular, the HVTF is eager to strategize with the Commission on ways to ensure equity in how families access and receive services, how the state's diverse and highly qualified home visiting workforce is compensated and supported, and how promising practices co-created by and responsive to priority populations and Black, Indigenous, and People of Color (BIPOC) families are cultivated and scaled.

### **III. Establish a centralized home visiting division and leverage existing public-private partnerships**

Under the leadership of the major funders of home visiting, the Illinois home visiting system has emerged as a national leader, recognized for substantial state investments in an array of evidence-based models and innovative practices delivered by approximately 300 programs. Core intensive home visiting services reach upward of 19,000 families annually, and targeted investments support promising

---

<sup>1</sup> [State Home Visiting Vision and Priorities](#); Drafted by the Home Visiting Task Force and affirmed by the major funders of home visiting and the Illinois Early Learning Council in 2019

<sup>2</sup> Recommendations to Strengthen and Expand the Illinois Evidence-based Home Visiting System For Consideration by the Illinois Commission on Equitable Early Childhood Education and Care Funding, Developed by the Start Early (formerly the Ounce of Prevention Fund) June 2020

<sup>3</sup> From the [State Home Visiting Vision and Priorities](#).

demonstration projects such as pregnant and parenting youth involved with the child welfare system, pregnant and new parents experiencing incarceration, and families experiencing homelessness. **Yet without formal linkages between the various state agencies involved in the home visiting system, decision-making across all the major funders can be ad-hoc at best and fragmented at worst.**

At the same time, **key functions of the home visiting system, including program monitoring, technical assistance, professional development, research, and strategic planning have been sustained through the contributions of private intermediaries.** Since its inception in 2009, the Home Visiting Task Force has served as a key source of programmatic expertise and strategic visioning for the statewide home visiting system. As a private-public body, the HVTF has overseen the coordinating table through which state agencies, the Governor's Office of Early Childhood Development (GOECD), and private partners have convened to share information and collaborate on decisions impacting the state system.

Shared statewide guidance for home visiting during the COVID-19 pandemic, developed in consultation with the HVTF and jointly approved by approved by the City of Chicago Department of Family and Support Services (DFSS), the Illinois Department of Human Services (IDHS), the Illinois Head Start Association (IHSA), the Illinois State Board of Education (ISBE), and the federally funded Maternal, Infant, and Early Childhood Home Visiting program (MIECHV), represents an instance of successful, cohesive, cross-system policymaking. While the urgency of the health crisis, paired with the uncertainty facing providers and families, required a unified response, **no mandate or governance structure currently exists to ensure such collaboration continues** beyond the pandemic. Similarly, though long-standing, the unique linkages with private intermediaries to fulfill the above-mentioned functions are not system wide. As a case in point, though the ( Ounce Institute serves as a central provider of professional development, training home visitors employed by programs funded by both ISBE and IDHS, this arrangement has only worked because each funder has chosen to work with the same professional development provider. In other instances, **a lack of alignment across the funders in their private-public partnerships has created challenges for the system.** At one point, ISBE and MIECHV contracted with the same program monitoring agency which reduced the burden on jointly funded programs and staff who must work with the program monitors. However, subsequent to the rebid of the ISBE contract, jointly-funded providers surfaced concerns to the HVTF regarding duplicative, and sometimes conflicting program monitoring requirements across the funders.

To that end, **a single home visiting division, potentially embedded within a centralized ECE agency, should be established to ensure home visiting receives adequate resourcing and attention under cohesive direction.** This new structure does not preclude collaboration with existing private partners; rather, **the existing capacity of the state system, including elements outside of the agencies, should be leveraged and aligned to support the functions of the new lead home visiting governance entity.**

#### **IV. Employ a data-informed funding formula and targeted RFP processes to distribute state and federal resources**

Home visiting in Illinois is currently funded through a mix of state and federal funding streams, which reach community providers through competitive grants. Funding may be blended across state and federal sources at the program level. Though the current funding landscape has supported the growth of a robust statewide network of programs, the process by which resources are allocated to communities and providers should be restructured to 1) increase coherence across the system; 2) provide greater stability to and reduce the burden on established providers; 3) ensure funding adequacy is data-

informed and responsive to the needs of the field; and 4) sustain a continuum of home visiting services across an array of models and intensities, including scaling promising practices.

**The HVTF recommends that the centralized home visiting division be tasked with creating a funding formula to allocate the majority of home visiting funding to established home visiting providers.** By shifting to a formula-funding approach, the state can engage in a more planful, coordinated allocation of resources, both to ensure that new slots are created in communities where added services are needed, and also to reduce the burden experienced by programs that blend and braid multiple funding streams. With respect to the former, overlapping funding opportunities have meant that some communities have little to no home visiting capacity, while other areas have more slots than the number of eligible families likely to engage in home visiting. With respect to the latter, beyond the administrative burden associated with frequent competitive grant processes from multiple funders of home visiting.

This formula should involve up-stream blending of state and federal sources. This approach should also best position the state to draw down additional federal funding to maximize state investments and grow the reach of home visiting services, as particular funding streams can be aligned to different models or programs at the systems level. **To inform the allocation of funding, the state should conduct a regular needs assessment, working to identify gaps in service reach, the efficacy of services across populations, and the appropriate funding adequacy.** This needs assessment should take into account variations in home visiting capacity and community need across the state, which should correct for the ways in which overlapping, disjointed funding opportunities have resulted in the under-resourcing of particular communities and oversaturation of others.

Calculations of funding adequacy should subsequently be **informed by a comprehensive cost model of intensive home visiting services, supplemental program enhancements or animations, building on the home visiting cost model** developed by the Ounce of Prevention Fund in collaboration with GOECD, and vetted by the HVTF. Recognizing that new providers will still need to enter the system, a statewide RFP process can be employed to add to the array of providers eligible for funding via the formula. The state should plan to update this cost model as the state system grows to accommodate a wider variety of program models and service intensities along the continuum of home visiting services. As the Commission considers mechanisms and standards for program-accountability under a funding-formula scheme, the HVTF can serve as a sounding-board and source of programmatic expertise.

The HVTF applauds the Funding Commission, and the Funding Adequacy Working Group, for taking up the charge of determining the **full cost of providing high-quality ECEC services to all families in Illinois, including home visiting services**, rather than endeavoring to estimate the total funding needed to provide cost-efficient services to a target number of children. Even as the Task Force endorses the home visiting cost model developed by the Ounce of Prevention Fund, we would note that the cost-per-participant for certain home visiting models and adaptations, serving priority populations or other groups with complex needs, may be higher than the model-agnostic estimates provided to the Funding Commission. In working to develop distribution mechanisms for state home visiting dollars, including potentially constricting a funding formula, the Task Force would highlight the need to focus on cost-effective, rather than cost-efficient services, noting that intensive interventions for high-needs families will still require substantial investment.

A key vision of the HVTF for the Illinois system is that innovative practices receive funding for incubation, evaluation, and eventual institutionalization into the program offerings of providers statewide. The **HVTF recommends that the centralized home visiting division administer an RFP process or other**

**targeted mechanism, aside from the funding formula, to launch promising practices and further consider mechanisms for taking successful innovations to scale.** Program enhancements like those stemming from demonstration projects serving priority populations<sup>4</sup> should be coordinated at the state system level. Similarly, technical assistance support and professional development for new and established providers should be coordinated by home visiting division to grow the capacity of the field statewide.

## **V. Align program requirements, professional supports, data, research, and quality monitoring, and statewide intake systems**

Just as the lack of alignment in competitive grant processes has created undue burdens on providers and fractures in **the state service network, disparate requirements across funding streams make it difficult to assess and support the health of the home visiting system. Under the guidance of a unified home visiting division, the state should seek to coordinate inputs to programs like professional development, workforce supports and quality infrastructure, as well as a core set of outputs like data reporting and monitoring requirements.**

**An initial step in this alignment process should be the adoption of a core set of program outcomes that can be tracked across the system through a single data system.** It is important to note that centralizing administrative functions and aligning programmatic activities will not change the different program requirements set forth by the national models or funders. As a key example, the Illinois system has benefited greatly from a robust collaboration with the Illinois Head Start Association, and the provision of high-quality home visiting services through Early Head Start home-based home visiting providers. Though federally-funded HS/EHS programs would not fall under control of a state agency, their continued partnership is essential to the statewide home visiting system. The major funders of home visiting, including ILHSA, with support from the HVTF, are working to agree on basic data elements, program outcomes, and shared competencies that can be tracked across variously funded programs. This type of collaborative problem-solving exemplifies how the state, by elevating shared indicators like enrollment, family retention, staff turnover, and other metrics, can work to produce a more accurate picture of the needs of the system and appropriately deploy program supports. **Contract language and deliverables across these key metrics should also be standardized across programs to ensure parity in program monitoring and reporting, and the state should work toward a cross-model quality framework that connects home visiting to the standards of the rest of the ECE system.**

Even as the state takes these steps to make the administration of programs more streamlined, there are still layers of support that must be elevated within a statewide infrastructure to build the capacity of providers. As mentioned above, coordinated professional training has been an asset for the system already. Building on this resource, **the state should continue growing a statewide workforce development network inclusive of training, technical assistance, reflective supervision standards, supports for trauma informed practice, and access to Infant/Early Childhood Mental Health Consultation.** In addition to making **substantial investments in compensation to address high rates of turnover and continue professionalizing the field, the state should articulate a set of core competencies for home visiting professionals across models** to provide a career pathway that sustains the retention and growth of qualified providers.

---

<sup>4</sup> Innovations include service adaptations and strategies for serving pregnant and parenting youth in care, families experiencing homelessness, and families experiencing the incarceration of a parent.

**Centralizing program requirements and workforce supports opens new opportunities to advance racial equity in service design and delivery.** Not only should the state seek to recruit and retain a diverse home visiting workforce, including increasing compensation for multi-lingual, multi-cultural staff but the home visiting system should build capacity and comfort among home visitors and other ECEC providers on how to identify, process, and change racial biases or implicit biases they may hold. Unified state resources may be particularly effective at supporting home visiting programs to review their own internal policies and standards through a racial equity lens, as well as analyze how they interact with and serve BIPoC communities. Disaggregated data on common, core measures of home visiting service delivery, including enrollment, retention, and parent satisfaction, may also be tools that a centralized home visiting agency would do well to employ in seeking to improve access and experience for a diversity of families.

Finally, a centralized home visiting agency or division should commit to developing a **statewide system of Coordinated Intake for home visiting to ensure that families are easily connected to programs available and appropriate to their needs and desires.** Rounding out the lighter-touch end of the continuum of home visiting services, **the state should expand universal newborn supports, like the Family Connects model,<sup>5</sup> to ensure that every family with a newborn is connected to essential local supports, including intensive home visiting.**

Across these domains, existing public-private partnerships in the home visiting system are key to implementing successful programmatic and administrative changes. The HVTF is dedicated to partnering with the Commission, and the administrators of the ECE and home visiting systems, to ensure that the implementation of changes is planful, efficient, and minimizes disruptions to the provider community and the families they serve.

---

<sup>5</sup> Family Connects Illinois is operated through two projects in Stephenson and Peoria counties, which have been funded by MIECHV and ISBE since 2017. The Chicago Department of Public Health launched the Family Connects Chicago program partnership with five hospitals in the Fall of 2019.